



Testimony of
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Public Health Committee Hearing
March 5, 2014

HB 5384 AN ACT CONCERNING REPORTS OF NURSE STAFFING LEVELS

Dear Members of the Public Health Committee,

My name is Allison Kilmer and I have been an RN for 10 years and I currently work in the Emergency Department. I find that short staffing does not normally result in sentinel events or injury for my patients. Instead, it chips away at my morale as a care provider and hospital employee, it chips away at the trusting relationship I should be able to have with my patients, and it forces me to cut corners just to accomplish the most basic and necessary tasks.

One particularly bad evening when my department was short staffed, we did not have a crisis nurse to care for our psychiatric patients. On this particular evening, we had so many crisis patients that they were overflowing into medical beds. My charge nurse asked if I would mind being the crisis nurse for that shift, even though I had never received an orientation to that section. I agreed begrudgingly, because there was no one else to do it. Calls had been placed to call in extra nurses, but no one was available at the last minute to come in.

I took report from the off-going nurse. One of my patients was a middle-aged man who was blind and had severe mental retardation. His elderly mother was his primary caregiver and has been since birth. On the day he came to the ED, he had been physically violent with his mother. The patient's brother and sister in law called an ambulance because they didn't know what else to do. It was evident their mother could no longer care for her son and they were distraught.

Waiting in the ED for long term care placement is a long process. At best it can take several hours at worst it can take several days. There is no clear path, and it takes a lot of coordination from the physicians, nurses and case managers. While waiting in the ED, it was necessary to restrain the patient's wrists and ankles in order to keep this man from injuring himself and injuring the staff. You can imagine what his brother and sister in law felt when they arrived to the ED, and found their blind, mentally retarded brother in the hallway, tied to his stretcher, surrounded by chaos.

It was the same thing I would have felt had it been my brother, and “I’m sorry, but I have seven other patients who also need me” is not very comforting when your family is in crisis.

Good nursing care reaches far beyond the basic tasks of keeping a patient safe, clean, fed, and medicated on time. It includes providing hope, comfort, security, reality orientation, and lessening of fear and anxiety. My patient did not receive good nursing care that evening.

Short staffing is unfair. Patients and families deserve caregivers who have time for them. It is unfair to ask a patient to share a nurse whose time and resources are spread so thin, the care they provide is the bare minimum. It is unfair to ask a nurse to spread him or herself so thin he or she must choose to forego a meal break in order to have an extra 30 minutes for documentation, or because the assignment is too unstable to hand off. When staffing is low, I know I am not giving good care and it is demoralizing.

At some point, we all become patients. Think about what safe staffing means to you, your loved ones, and the nurses who are caring for them. We all deserve better care than my patient and his family received. As a caring professional, I deserve the tools and resources necessary to take good care of my patients.

Staffing is complicated. HB 5384 will help academics and nursing professionals understand good practices. HB 5384 will help the public make choices about which hospital to go to and will help hospitals make good choices about staffing. Please support HB 5384 and take a step to improved staffing and ultimately improved patient care. It is the right thing to do.

Thank you for your consideration

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